SUPPLEMENT

TO THE

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THE INSURANCE MEDICAL SERVICE WEEK BY WEEK

Range of Medical Service Cases

The following report of a medical benefit subcommittee to the insurance committee for the area deals with a group of cases where it has been agreed that the services fall into the category of those involving special skill and experience:

Under Clause 10 (2) of the Terms of Service for Insurance Practitioners a practitioner is not permitted to accept any fee or other remuneration in respect of any treatment given by him to a patient which is alleged to be not within the scope of the practitioner's obligations under the terms of service, unless within two days after the date on which the treatment is given he has furnished the committee with such particulars relating to that service as it may require. Five practitioners have accordingly informed the committee that they have charged fees to insured persons in respect of the undermentioned services, which they claim do not fall within the scope of medical benefit, and that, owing to their special skill and experience, they were competent to undertake such services: (i) psychotherapy for anxiety neurosis; (ii) retinoscopy and prescribed spectacles; (iii) diathermic fulguration for multiple pigmented moles; (iv) ultra-violet radiation for eczema of both hands; (v) ultra-violet rays for nervous debility.

In accordance with the regulations these cases have been referred to the local medical and panel committee, which has informed us that in its opinion the services as described fall into the category of services involving the application of special skill and experience of a degree or kind which general practitioners as a class cannot reasonably be expected to possess, and that it has satisfied itself that the practitioners concerned possess the necessary skill and experience for the effective undertaking of such services.

The insurance committee expressed agreement with the opinion of the local medical and panel committee. It is open to the Minister, notwithstanding the agreement between the two committees, to refer the question, if he thinks fit to do so, to referees. There is in recent years a marked diminution in the number of cases so referred. Notwithstanding the stress laid upon the point that each decision is arrived at on the particular facts and does not therefore form a precedent, it is becoming evident that there has been established a useful group of cases affording guidance if not recognized as actual precedents.

In another case dealt with at the same committee three forms, G.P. 45 (notifying a service claimed as specialist), have been accepted from a certain practitioner relative to the service of refraction of the eyes. Under a special and rather sensible arrangement these cases are merely notified to the Minister of Health instead of being referred as a matter of routine to the local medical committee. It has repeatedly been held that testing the eyes for refraction requires experience in carrying through the tests and judgement in interpreting the findings, which can be obtained and maintained only by constant practice not ordinarily afforded a general medical practitioner.

Range of Service—Psychotherapy

It will be noticed that psychotherapy appears in the report from which the above extract is made. As the relation of the general practitioner to psychotherapeutical treatment can hardly be said to have undergone any marked change within the last three or four years, it is worth recalling what was said in the report of referees to whom a case of psychotherapy was referred in 1933. It had been contended on behalf of the insurance committee that the treatment in this case did not involve the application of special skill and experience. The referees stated that, having considered the evidence submitted to them, they were satisfied that the psychotherapeutical treatment given by Dr. C. in the four cases submitted did involve the application of special skill and experience of a degree or kind which general practitioners as a class cannot reasonably be expected to possess. The report proceeded as follows:

Evidence was adduced before us that Dr. C. had studied psychotherapy in many aspects for a long period, had read widely on the subject, had attended two courses of lectures, and had treated about forty patients psychotherapeutically since 1929. Competent medical witnesses concurred in thinking that the four cases in question were appropriate for psychotherapeutic treatment and had been treated by Dr. C. efficiently, so far as they were able to judge without seeing the patients concerned. In these circumstances we are satisfied that Dr. C. has established what he was considered by the Local Medical Committee to have proved (that is, that he was possessed of the requisite special skill and experience).

Having regard to some of the points which emerged in course of argument before us, we desire to add the following comments. It may be that persons subject to a psychoneurosis are ill fitted to exercise that independent judgement which paragraph 9 (1) of the schedule contemplates, as to whether they shall be treated by their insurance doctor or elsewhere. Experience alone can show whether such persons will in fact be exploited, but if they were it would not alter our opinion that psychotherapy involves the application of special skill. The expression "skill," having regard to its context, cannot in our view be limited to manual dexterity. The improbability at the present time that general practitioners as a class will have the time or opportunity to become competent psychotherapeutists does not preclude the possibility of a particular practitioner having that time and opportunity, and showing that he has become competent.

The required qualification indicated by the words (used in the regulations) "special academic or post-graduate study" is not satisfied by proof of attendance at a course of lectures. What will satisfy that requirement must depend upon the subject of the study. Psychotherapy, which deals with mental as distinct from physical phenomena, requires the adaptation of the mind of the student to conceptions more intangible than those of general medical science, and great care must be taken before a practitioner is held to have had "special study" within the meaning of the regulations.

A Patient Applying to His Old Doctor after Removal

The following note on a recent case may be useful as a guide in similar circumstances.

An insured person on the list of a doctor removed out of the district in which that doctor practised, although the actual distance was about a quarter of a mile, and had not taken any steps to get on another doctor's list. The doctor was advised that he was under no obligation to visit the patient, but that he should recommend him to secure the services of another doctor. If the patient notwithstanding this still required his old doctor's services the practitioner was at liberty to charge a fee, but for any treatment immediately needed he would be well advised not to make the payment of a fee a condition of his attendance. (There is an analogous provision with regard to treatment immediately needed in Clause 5 (2) of the terms of service, which provides that a practitioner who declines to accept an applicant for inclusion in his list is required "in addition to providing any treatment immediately needed" to take steps to enable the applicant to be accepted by or assigned to another practitioner.)

The Best Interest of the Patient

Clause 8 (2) of the terms of service provides that in a case of emergency the practitioner is required to render whatever services are, having regard to circumstances, in the best interest of the patient. This requirement no doubt refers primarily to the possibility that in a serious emergency a practitioner may have to render a service which, except as a matter of urgent necessity, he would refer to a hospital or specialist. He has to decide whether it is in the best interest of the patient—for example, to operate at once to the best of his ability. It is interesting to note, however, from the following report to an insurance committee that the reference to the best interest of the patient is sometimes regarded as having a wider significance. The facts in the case are sufficiently indicated in the course of examination of the question of the doctor's responsibility, as set out in the following report.

Examining this case in the light of the various provisions under the regulations, it appears that, as it presented itself to the practitioner on the morning of July 11th, it was one of an insured person who was not on the list of any practitioner.

She was suffering at the time from the effects of an accident, and admittedly she was suffering pain. Application was made by her as an insured person for treatment as such, and it is our view that this immediately brought her within the terms of Clause 5 (1) (c) of the terms of service and Clause 2 of the allocation scheme. The practitioner should therefore, as required by Clause 8 (2) of the terms of service, have done whatever was in the best interest of the patient. It was his contention that he did this by referring her to a doctor who would probably be responsible for the treatment of the condition from which she was suffering. We do not reject the submission of the practitioner that it is desirable, both in the interests of patient and of doctor, that a patient should, in ordinary circumstances, and wherever possible, be under the care of one doctor throughout, and if we had dealt with the case from this aspect alone we should have felt bound to say that the practitioner acted in the best interest of his patient in referring her to another doctor. But examining the point further we cannot leave out of sight the fact that admittedly the insured person was suffering pain at the time she saw the practitioner, and, moreover, that when he referred her to another doctor he was by no means certain that she would be seen by that doctor for some hours. Further, he sent her on a possibly fruitless errand, as he had no guarantee that the doctor would accept her for inclusion in his list. He took no steps to acquaint that doctor of his action. It was easily open to him to telephone to the second doctor and to tell him that he was sending, or proposing to send, a patient to him. This would have elicited one of two things—namely, (1) that the second doctor would be at home to receive the patient or (2) that he would not be available. In the event of the latter being the case the respondent practitioner could have dealt with the case either by providing some form of emergency treatment himself or by sending her to a hospital. Instead of acquainting the second doctor of his action, however, he merely told the patient to go to an address and gave her no instruction of any kind as to what she should do in the event of her not being able to find the doctor. He might at least have done, or attempted to do, something for the patient's comfort, and have informed her that in the event of the doctor to whom he referred her not being available she could come back to him to have the fracture set.

With regard to the practitioner's view that the emergency had passed, we think that the construction to be placed on the words "best interest of the patient" in Clause 8 (2) of the terms of service involves something more than a professional consideration, and, reviewing the whole of the circumstances of this case and the action taken by the practitioner therein, we are of opinion that the practitioner failed to do all that he might have done in the best interest of the insured person.

The Strength of Approved Societies' Funds

Sir Kingsley Wood, the Minister of Health, at the annual conference of the National Federation of Rural Approved Societies recently held, said that the national insurance scheme was a vital part of our health services. It was strong financially, it worked with smoothness and regularity, and it had been adopted by twelve other nations. There were to-day no fewer than 18 million insured persons, and the value of benefits disbursed since the inception of the insurance scheme amounted to some £560 millions. The result of the fourth valuation of the approved societies was better than many had dared to anticipate. The aggregate result, after making provision for the continuance of all statutory benefits under the scheme, was a surplus of no less than £30 millions. Some £16 millions of this had been set free to provide insured persons with additional benefits during the new valuation period now current. This great provision, together with the recent restoration to some 200,000 persons of their title to health insurance benefits, was a considerable contribution to the better health of the working population.

THE ANNUAL EXHIBITION AT OXFORD

The Annual Exhibition in connexion with the Oxford Meeting of the British Medical Association was most fortunate in its location. It was held at Morris Garages, only a short walk from the Town Hall and Christ Church, and the seventy stands were so compactly arranged that the visitor could see everything with the least possible fatigue. In the *Supplement* of July 4th (p. 16) we were able, with the co-operation of many of the exhibitors, to report on a large part of the Exhibition in advance. The present notice only fills up the inevitable blanks in such a record, and refers to exhibits which for one reason or another it was not possible to mention in the earlier account.

Surgical and Diagnostic Appliances

A comprehensive display of surgical and diagnostic instruments was shown by John Bell and Croyden. The Arnold operation table, with chromium-plated top and fittings, appeared in an improved model. One of the newest items was the anaesthetic inhaler designed by Mr. Young Simpson for use in midwifery and described in our issue of July 4th (p. 18). The Genito-Urinary Manufacturing Co., Ltd., showed their Brompton Hospital model of a universal operating table and an electro-surgical diagnostic table. Among the other instruments was one for pulmonary lobectomy designed by the late Mr. H. P. Nelson. The Surgical Manufacturing Co., Ltd., drew attention to a novel syringe set, suitable for all purposes, a range of rectal and vaginal speculums, and the latest closed circuit anaesthetic apparatus. The usual patterns of surgical instruments of high-class manufacture appeared on the stand of John Weiss and Son, Ltd., who also exhibited an electric sterilizer of new design, some special ophthalmic instruments, and the Moorfields portable diathermy outfit.

Ophthalmoscopes and retinoscopes to suit all requirements were to be seen at the stand of Melson Wingate, Ltd., also a range of glasses for special purposes, including Everest goggles. The acousticon for the deaf was again shown by General Acoutics, Ltd. Every year these aids seem to become less conspicuous, neater, and more easily used. With the new multipitch bone conductor it is claimed that even the "stone deaf" can hear well, provided there is no inner ear defect.

A very attractive feature of the stand of Ilford, Ltd., was the display of Dufaycolor photomicrographs and clinical photographs, illustrating the capacities of this wonderful colour process. *X*-ray workers had an opportunity of testing the reintroduced fluorazure type of intensifying screen, giving a higher intensity of fluorescence than calcium tungstate.

Dressings and Other Products

Antiphlogistine dressings, alone or combined with various special preparations, were shown again by the Denver Chemical Manufacturing Company, including their haemorrhoidal suppositories. Edward Taylor, Ltd., showed various makes of flexoplast, a trade name for their bandages and plasters. The elastic adhesive bandages are supplied in a variety of sizes from one to six inches in width and five to six yards long. For orthopaedic and extension purposes the flexoplast orthopaedic strapping was recommended. In addition to their usual sphygmomanometers and clinical thermometers, Short and Mason, Ltd., showed on this occasion a passive vascular exerciser for pneumatic massage of the limb in the treatment of arterial obstruction. Supports for all kinds of abdominal and postural conditions were again shown at the stand of S. H. Camp and Co., Ltd.

Medical and surgical products of animal origin, in the form of liver extract, pituitary, and other endocrine products, mixed gland preparations, as well as ligatures and sutures, were features of the stand of Armour and Co., Ltd. The chief place was taken by a concentrated fluid extract of calf liver and a concentrated liver liquid for parenteral administration. Another large range of glandular products was shown by Organon Laboratories. These included pregnyl, the gonadotropic hormone of pregnancy, and pernaemon forte, a protein-free injectable liver extract. Glaxo Laboratories, Ltd., showed their comprehensive proprietary food farex, which is not advertised to the general public. Other preparations

from this well-known house included dissolved vaccines, vitamin D preparations, and a defatted ergot. Antigen Laboratories displayed a range of vaccines, including one for the prevention of the common cold and influenza, which it was stated had been successfully used to reduce absenteeism in some of London's largest business offices.

Petrolagar Laboratories, Ltd., showed kaldrox, a preparation already noted in these columns, containing in suspension colloidal kaolin and aluminium hydroxide in the form of a gel. This preparation is the result of a search for a chemically inert substance to act as a powerful adsorbent in the alimentary canal. Lacteol brand products, exhibited by the distributors, Wilcox, Jozeau and Co., Ltd., consisted principally of lactic ferments prepared in tablets, ampoules, powder, and other forms. Bisodol and anadin, the former a digestant and the second a sedative, were shown by the associated firms bearing their respective names. The comparatively new germicide dettol was exhibited by Rickett and Son, Ltd. It is for use on the skin, but was shown also in the form of a solution for immersing instruments. Continental Laboratories, Ltd., had another large range of glandular preparations, as well as a polyvalent bacteriophage for administration by mouth in intestinal affections.

Food Preparations

Virol, Ltd., showed their well-known food, now used, it was stated, in more than 7,000 hospitals, sanatoria, and clinics ; also virolax, an emulsion of chemically pure liquid paraffin with virol. Nestlé's at their dainty stand made a special feature of lactogen, a full-cream cow's milk for infants. The Energen Foods Co., Ltd., had their appetizing display of breads, rusks, biscuits, and other cereal foods, prepared in a special way, free from sugar, reduced in starch, and with increased protein content. Oxo, Limited, in addition to their popular product, had an increased range of glandular preparations.

The usual exhibit of mineral waters from many Continental springs, as well as such home products as Buxton and Woodhall Spa, figured at the stand of Ingram and Royle, Ltd., while Schweppes, Limited, made a feature of Malvern water, declared to be the purest known. The visitor was in no danger of perishing for want of liquid refreshment, for H.A.G. (caffeine-free) coffee was offered him, as well as China tea (shown by Harden Bros. and Lindsay), and the fruit squashes of Stower's were grateful on a hot day under a glass roof.

Books and Periodicals

There were three bookstalls which escaped earlier notice. Baillière, Tindall and Cox showed medical works issued from a dozen publishing houses. J. and A. Churchill Ltd. had a large selection of new and standard medical works, and in the forefront the *Medical Directory*, now in its ninety-third year. Finally, *The Practitioner* showed its current and recent issues.

The Exhibition was well patronized during the five days on which it was open.

Naval, Military, and Air Force Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Commanders O. D. Brownfield to the *Enchantress* ; A. E. Phillips to the *Shropshire* ; E. L. Markham, O.B.E., to the *Victory*, for Royal Naval Barracks ; F. H. Vey to the *President*, for course.

Surgeon Lieutenant Commanders E. J. Mockler to the *Pembroke*, for Royal Naval Barracks, August 29th, and to the *Neptune*, September 23rd ; J. M. McNamara to the *Danae*, on commissioning.

The seniorities of the following Surgeon Lieutenants have been antedated to the dates indicated in parentheses: T. J. Harkin and M. G. H. Heugh (April 3rd, 1935) ; G. A. M. Smith (October 3rd, 1935) ; E. H. Murchison (December 3rd, 1935).

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenant J. P. Corr to be Surgeon Lieutenant Commander.

Probationary Surgeon Lieutenant W. S. Walton to the *Courageous*.

ARMY MEDICAL SERVICES

Major J. M. Macfie, M.C., R.A.M.C., has relinquished his appointment as Deputy Assistant Director-General, Army Medical Services, War Office.

Major W. J. F. Craig, R.A.M.C., to be Deputy Assistant Director-General, Army Medical Services, War Office.

Major F. Harris, M.C., R.A.M.C., has relinquished his appointment as Assistant Professor, Royal Army Medical College.

Major A. E. Richmond, O.B.E., R.A.M.C., to be Assistant Professor, Royal Army Medical College.

ROYAL AIR FORCE MEDICAL SERVICE

Wing Commander C. P. Barber to Headquarters, Training Command, Market Drayton, for duty as Deputy Principal Medical Officer.

Squadron Leaders G. M. Anderson to No. 6 Flying Training School, Netheravon, for duty as Medical Officer ; A. A. Townsend to No. 7 Flying Training School, Peterborough, for duty as Medical Officer.

Flight Lieutenants M. T. O'Reilly to R.A.F. Station, Worthy Down ; C. H. Smith to R.A.F. Depot, Uxbridge ; R. Thorpe to R.A.F. Station, Heliopolis, Egypt.

Flying Officer A. B. Marshall to No. 45 (B Squadron), Helwan, Egypt.

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

To be Lieutenants: A. H. L. Baker, late Cadet C.S.M., Sherborne School Contingent, Junior Division, O.T.C. ; J. E. Elliott, late Cadet Lance-Corporal, Marlborough College Contingent, Junior Division, O.T.C.

INDIAN MEDICAL SERVICE

Major G. Verghese has been granted the local rank of Lieutenant-Colonel, without effect on pay and pension, whilst employed as Director of Health and Prison Services, Orissa.

The services of Captain E. H. Lossing have been placed temporarily at the disposal of the Government of Bengal as from June 12th.

Lieutenant G. R. C. Palmer has been restored to the establishment as from May 1st, 1936. The period December 17th, 1935, to April 30th, 1936, inclusive, is not to count for purposes of pay, increases of pay, promotion, pension, or gratuity. The notification in the *London Gazette* of May 15th, 1936, regarding this officer is cancelled.

Lieutenants (on probation) to be Captains (on probation): C. K. Byrnes, J. A. L. McCullough, D. J. P. Parker, C. L. Ash, T. C. M. M. Morrison, W. M. Niblock, H. J. Gibson, S. W. Allinson, A. W. Sampey, J. Reddy, G. C. Welply, G. L. Greening, C. B. Jones, and G. F. Ady Curran.

COLONIAL MEDICAL SERVICES

The following appointments are announced: J. Cook, F.R.C.S., Medical Superintendent, Colonial Hospital, Port of Spain, Trinidad ; J. P. Harrison, M.R.C.S., L.R.C.P., and C. H. Smith, M.D., C.M., Medical Officers, West Africa ; E. Cochrane, M.B., Ch.B., Medical Officer, Gold Coast ; G. E. Craig, M.B., B.Ch., Assistant Director of Medical Service, Nigeria ; J. S. Cramer, M.B., Ch.B., District Medical Officer, Fiji.

Correspondence

WHAT IS PRIVATE PRACTICE?

SIR,—Dr. Alfred Cox's definition of private practice is very ingenious, as is his use of it to prove that Public Medical Service is private practice. It will deceive no one, or I might be tempted to use a stronger epithet. Leaving out the lofty ideal of promoting the health of the nation, the primary object of the Public Medical Service is to forestall the inclusion of the families of the insured under the National Health Insurance Acts. The immediate effect is the same as that which the multiple shops have on the independent trader. It is a working agreement between certain general practitioners to provide treatment on certain terms which are attractive to the class of patients concerned, and if successful must rob general practitioners outside the service by underselling. So long as its activities are confined to the N.H.I. class the damage is limited, although it is obvious that its members will be in the best position when and if the State steps in. But the extension to the public with a higher income limit is much more serious, and if successful must, as Dr. Maple states, ultimately wipe out the private practitioner. If the majority of us wish this it has to be, but don't let us have any more pretence about it than we have over any other trade working agreement in any other trade.—I am, etc.,

Putney, S.W., Aug. 10th. M. A. CHOLMELEY.

British Medical Association

OFFICES, BRITISH MEDICAL ASSOCIATION HOUSE, TAVISTOCK SQUARE, W.C.1

Departments

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager. Telegrams: Articulate Westcent, London).
MEDICAL SECRETARY (Telegrams: Medisecra Westcent, London).
EDITOR, BRITISH MEDICAL JOURNAL (Telegrams: Aitiology Westcent. London).
Telephone numbers of British Medical Association and British Medical Journal, Euston 2111 (internal exchange five lines).

B.M.A. SCOTTISH MEDICAL SECRETARY: 7, Drumsheugh Gardens, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 24361 Edinburgh.)
Irish Free State Medical Union (I.M.A. and B.M.A.): 18, Kildare Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 62550 Dublin.)

Diary of Central Meetings

AUGUST

21 Fri. *Journal* Board of Directors, 11.30 a.m.

OCTOBER

7 Wed. Arrangements Committee, 2 p.m.

ELECTION OF MEMBER OF COUNCIL BY HONG-KONG AND CHINA AND MALAYA BRANCHES

Dr. O. Marriott, Haywards Heath, Sussex, being the only candidate nominated by the Hong-Kong and China and Malaya Group of Branches, is hereby declared elected a Member of the Council of the Association for the remainder of the period 1935–8.

G. C. ANDERSON,
Medical Secretary.

POST-GRADUATE COURSES AND LECTURES

SEPTEMBER

The following post-graduate courses and lectures, to be held in London during September, have been notified to the British Medical Association. Further particulars may be obtained direct from the hospitals concerned, or, in the case of arrangements made by the Fellowship of Medicine (F.M.), from the secretary of the Fellowship at 1, Wimpole Street, W.1.

Subject	Date	Place of Meeting	Nature of Instruction
Chest	Sept. 21–26	Brompton Hospital, Fulham Road, S.W.3	F.M. course
Infants' Diseases	Sept. 7–12	Infants Hospital, Vincent Sq., S.W.1	F.M. course
Ophthalmology	Sept. 26–27	Royal Westminster Ophthalmic Hospital, Broad St., Holborn, W.C.2	F.M. course
Plastic Surgery	Sept. 16–17		F.M. course
Proctology	Sept. 28–Oct. 3	Gordon Hospital, Vauxhall Bridge Road, S.W.1	F.M. course
Surgery ...	Oct. 19–20	Miller General Hospital, Greenwich Road, S.E.10	F.M. course

In addition to the above courses the following for the higher qualifications have been arranged.

Subject	Date	Place of Meeting	Degree or Diploma
Chest ...	Sept. 14–Oct. 10	Brompton Hospital, Fulham Road, S.W.3	F.M. course (M.R.C.P.)
Chest and Heart	Sept. 21–Oct. 9	Royal Chest Hospital, City Rd., E.C.1	F.M. course (M.R.C.P.) (evening)
F.R.C.S. (Primary)	Sept. 14–Oct. 22	Infants Hospital, Vincent Sq., S.W.1	F.M. course on anatomy and physiology (evening)
F.R.C.S. (Final)	Sept. 29–Nov. 3 Oct. 1–Nov. 5	National Temperance Hospital, Hampstead Road, N.W.1	Two F.M. courses (evening)
M.R.C.P. ...	Sept. 8–24	" " "	F.M. course (evening)

WEEKLY POST-GRADUATE DIARY

BRITISH POST-GRADUATE MEDICAL SCHOOL, Ducane Road, W.—*Daily*, 10 a.m. to 4 p.m., Medical Clinics, Surgical Clinics or Operations, Obstetrical and Gynaecological Clinics or Operations. *Mon.*, 2.15 p.m., Dr. Duncan White, Radiological Demonstration. *Thurs.*, 2.15 p.m., Gynaecological Endocrinology (course of four lectures). *Fri.*, 2.15 p.m., Department of Gynaecology, Pathological Demonstration.

VACANCIES

All advertisements should be addressed to the Financial Secretary and Business Manager and NOT *to the Editor.*

ABERDEEN ROYAL INFIRMARY.—(1) Whole-time A.M.O. (non-resident) for Radium Department. Salary £150-£250 p.a. (2) Hon. Clinical Tutor.
ACCRINGTON: VICTORIA HOSPITAL.—H.S. Salary £150 p.a.
ADELAIDE UNIVERSITY.—Elder Professorship of Anatomy and Histology. Salary £1,200 p.a.
ALBERT DOCK HOSPITAL, Connaught Road, E.—R.M.O. (male). Salary £110 p.a.
ASHFORD, KENT: GROSVENOR SANATORIUM.—R.H.P. (male). Salary £100 p.a.
AYR COUNTY COUNCIL.—A.M.O. Salary £500-£25-£675 p.a.
BARBADOS GENERAL HOSPITAL.—Fourth H.S. (male). Salary £325 p.a.
BARROW-IN-FURNESS COUNTY BOROUGH.—Deputy M.O.H. and Assistant Tuberculosis Officer. Salary £550-£25-£700 p.a.
BATH: ROYAL UNITED HOSPITAL.—H.P. (male, unmarried). Salary £150 p.a.
BIRMINGHAM: CHILDREN'S HOSPITAL.—(1) R.M.O. (2) Whole-time First Assistant to Ear and Throat Department. Salaries (1) £175 p.a., (2) £450-£50-£550 p.a.
BIRMINGHAM CITY.—J.R.M.O. (male, unmarried) at Little Bromwich Hospital for Infectious Diseases. Salary £300 p.a.
BIRMINGHAM CITY MENTAL HOSPITAL.—J.A.M.O. (female). Salary £350-£450 p.a.
BIRMINGHAM: MIDLAND HOSPITAL.—H.S. Salary £200 p.a.
BOLTON ROYAL INFIRMARY.—H.S. (male). Salary £150 p.a.
BRADFORD CITY.—H.P.s and H.S.s at Municipal General Hospital, St. Luke's. Salaries £150 p.a. each.
BRISTOL HOMOEOPATHIC HOSPITAL.—R.M.O. Salary £120-£150 p.a.
BRITISH RED CROSS SOCIETY, 9, Chesham Street, S.W.—Medical Woman for Hop-picking Camp at Tudely Hale, near Tonbridge.
BURNLEY COUNTY BOROUGH.—Assistant M.O.H. Salary £500-£25-£700 p.a.
BURTON-UPON-TRENT COUNTY BOROUGH.—(1) Deputy M.O.H., Assistant School M.O., and Assistant Tuberculosis Officer (male). (2) Assistant M.O.H. Salaries (1) £600-£25-£750 p.a., (2) £500-£25-£700 p.a.
BURY INFIRMARY.—J.H.S. (male). Salary £150 p.a.
CAIRO: EGYPTIAN UNIVERSITY.—Professor of (*a*) Clinical Surgery and (*b*) Clinical Medicine. Salaries £1,970 p.a. each.
CAMBRIDGE: ADDENBROOKE'S HOSPITAL.—H.S. (male, unmarried). Salary £130 p.a.
CANNOCK URBAN DISTRICT COUNCIL.—Whole-time Dental Officer (male). Salary £500-£25-£600 p.a.
CARDIFF CITY.—J.R.M.O.s at Llandough Hospital, Penarth. Salaries £100 p.a. each.
CARDIFF ROYAL INFIRMARY.—(1) Three H.P. (2) Four H.S. (3) Gynaecological H.S. (4) Ear, Nose, and Throat H.S. (5) C.S.O. Salaries (1), (2), and (3), £50 p.a. each, (4) £100 p.a., and (5) £50 or £75 p.a.
CARDIFF: UNIVERSITY COLLEGE OF SOUTH WALES.—Assistant Lecturer and Demonstrator in Department of Anatomy. Salary £400 p.a.
CARLISLE: CUMBERLAND INFIRMARY.—(1) Resident Surgical Registrar (male, unmarried). (2) H.S. (3) Second H.S. (4) H.P. (5) H.S. to Special Departments (Eye, Ear, Nose, and Throat). Males. Salaries (1) £250 p.a., (2) £175 p.a., and (3), (4), and (5) £155 p.a. each.
CENTRAL LONDON OPHTHALMIC HOSPITAL, Judd Street, W.C.—(1) Senior H.S. (2) J.H.S. Salaries (1) £120 p.a. and (2) £100 p.a.
COVENTRY CITY.—(1) Assistant School M.O. and Assistant M.O.H. (2) Second A.R.M.O. at Gulson Road Municipal Hospital. Males. Salaries (1) £500-£25-£700 p.a., (2) £250 p.a.
DARLINGTON MEMORIAL HOSPITAL.—H.P. (male). Salary £150 p.a.
DERBY: DERBYSHIRE ROYAL INFIRMARY.—Ophthalmic H.S. and Emergency Anaesthetist. Salary £150 p.a.
DEWSBURY AND DISTRICT GENERAL INFIRMARY.—Second H.S. (male). Salary £150 p.a.
DONCASTER ROYAL INFIRMARY AND DISPENSARY.—H.S. (male) to Eye and Ear, Nose, and Throat Departments. Salary £175 p.a.
DREADNOUGHT HOSPITAL, Greenwich, S.E.—(1) H.P. (2) H.S. Males, unmarried. Salaries £110 p.a. each.
DUNDEE CORPORATION.—J.R.M.O. (male) at King's Cross Infectious Diseases Hospital. Salary £150 p.a.
DURHAM COUNTY COUNCIL.—(1) Assistant Welfare M.O. (female, unmarried). (2) District Tuberculosis M.O. Salaries £500-£25-£700 p.a. each.
EDINBURGH: PRINCESS MARGARET ROSE HOSPITAL FOR CRIPPLED CHILDREN.—(1) R.S.O. Salary £100 p.a. (2) Assistant S. Honorarium £200 p.a.
EDINBURGH: ROYAL HOSPITAL FOR SICK CHILDREN.—Hon. Assistant Aural S.
ESSEX COUNTY COUNCIL.—A.R.M.O. at Oldchurch Hospital, Romford. Salary £350-£25-£450 p.a.
GLOUCESTER: GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION.—R.S.O. (male, unmarried). Salary £200 p.a.
GLOUCESTERSHIRE JOINT COMMITTEE FOR TUBERCULOSIS.—J.A.M.O. (male) at Standish House Sanatorium, Stonehouse. Salary £250 p.a.
GRAVESEND AND NORTH KENT HOSPITAL.—H.S. (male). Salary £125 p.a.
GREAT YARMOUTH GENERAL HOSPITAL.—H.S. (male, unmarried). Salary £140 p.a.
GRIMSBY AND DISTRICT HOSPITAL.—J.H.S. (male). Salary £150 p.a.
HALIFAX COUNTY BOROUGH.—R.A.M.O. (male) at Halifax General Hospital. Salary £250 p.a.

Hampshire County Council.—Assistant County M.O. Salary £600-£750 p.a.

Hartlepool: Hartlepools Hospital.—(1) Senior H.S. (2) J.H.S. Salaries £175 p.a. and £150 p.a. respectively.

Hemel Hempstead: West Herts Hospital.—(1) Senior R.M.O. (2) J.R.M.O. Males. Salaries (1) £150 p.a., (2) £100 p.a.

Hereford: Herefordshire General Hospital.—(1) H.P. (2) H.S. and C.O. Males. Salaries £100 p.a. each.

Hospital for Tropical Diseases, Gordon Street, W.C.—H.P. (male). Salary £120 p.a.

Hounslow Hospital.—J.H.S. (male). Salary £100 p.a.

Huddersfield County Borough.—R.M.O. at Mill Hill Isolation Hospital. Salary £350 p.a.

Ipswich: East Suffolk and Ipswich Hospital.—H.S. (male) to Orthopaedic Surgeon and Fracture Clinic. Salary £144 p.a.

Jersey General Hospital and Poor Law Infirmary.—A.R.M.O. (male). Salary £150 p.a.

King's College, Strand, W.C.—Demonstrator of Anatomy. Salary £100 per term.

Leicester Royal Infirmary.—(1) H.P.s. (2) H.S.s. (3) Senior C.O. (4) Junior C.O. Salaries (1), (2), and (3), £125 p.a., (4) £100 p.a.

Liverpool City.—R.A.M.O. (male) for Orthopaedic Wards at Alder Hey Hospital. Salary £200 p.a.

Liverpool: Royal Liverpool Babies' Hospital.—R.M.O. Salary £100 p.a.

Lowestoft and North Suffolk Hospital.—J.H.S. (male). Salary £120 p.a.

Manchester: Ancoats Hospital.—Orthopaedic H.S. Salary £100 p.a.

Manchester City.—(1) Deputy Medical Superintendent (unmarried) and (2) Part-time Consultant Dentist at Crumpsall Hospital and Institution. Salaries (1) £600 p.a. and (2) £250 p.a.

Mansfield and District General Hospital.—H.S. (male). Salary £150 p.a.

Marie Curie Hospital, N.W.—(1) Director of Medical Services and Research. (2) R.M.O. (female). Salaries (1) £1,000 p.a., (2) £100 p.a.

Middlesbrough County Borough.—J.R.M.O. (male, unmarried) at Holgate Municipal Hospital. Salary £270 p.a.

Middlesbrough: North Ormesby Hospital.—(1) H.P. (2) H.S. Males, unmarried. Salaries (1) £120 p.a., and (2) £135 p.a.

Miller General Hospital, Greenwich, S.E.—(1) H.S. (2) Part-time C.O. (non-resident). Males, unmarried. Salaries (1) £100 p.a., and (2) £150 p.a.

Newcastle, Co. Dublin: Peamount Sanatorium.—Assistant Medical Superintendent (male, unmarried). Salary £300 p.a.

Newport, Mon.: Royal Gwent Hospital.—(1) C.O. (2) H.S. Salaries £135 p.a. each.

Nottingham Children's Hospital.—R.H.S. (female). Salary £150 p.a.

Nottingham: General Hospital.—Two R.C.O. (males). Salaries £150 p.a. each.

Oldham County Borough.—Whole-time Assistant School M.O. (male). Salary £500-£25-£700 p.a.

Oxford: Radcliffe Infirmary.—(1) R.S.O. (2) H.P. (3) Obstetric H.P. (4) H.S. to Ear, Nose, and Throat Department. (5) Two H.S. (males). Salaries (1) £200 p.a., (2), (3), (4), and (5), £120 p.a. each.

Peterborough and District Memorial Hospital.—(1) Senior H.S. (2) H.S. (3) H.P. Males. Salaries (1) £175-£200 p.a., (2) and (3) £135 p.a. each.

Plymouth: Prince of Wales's Hospital.—(1) H.S. at Lockyer Street Hospital. (2) H.P. (3) H.S. Salaries (1) £150 p.a., (2) and (3) £120 p.a. each.

Pontypool and District Hospital.—R.M.O. Salary £150 p.a.

Prince of Wales's General Hospital, N.—(1) J.H.P. (2) Two J.H.S. Males, unmarried. Salaries £90 p.a. each.

Princess Louise Kensington Hospital for Children, St. Quintin Avenue, W.—(1) H.S. (male). Salary £120-£150 p.a. (2) Clinical Assistant for Out-patient Department.

Queen Mary's Hospital for the East End, Stratford, E.—(1) Casualty and Out-patient Officer. (2) Resident Anaesthetist and H.P. Males, unmarried. Salaries (1) £150 p.a. and (2) £120 p.a.

Reading: Royal Berkshire Hospital.—R.M.O. at Blagrave Branch Hospital and Assistant to Pathologist at main Hospital (combined appointment). Male. Salary £125 p.a.

Redhill: Royal Earlswood Institution.—J.A.M.O. (male, unmarried). Salary £250 p.a.

Rochdale County Borough.—J.R.M.O. (male, unmarried) at Birch Hill Hospital. Salary £225 p.a.

Rochdale Infirmary and Dispensary.—Hon. S. in charge of Ear, Nose, and Throat Department.

Rotherham Hospital.—C.H.S. (male). Salary £150 p.a.

St. Helens County Borough.—Assistant M.O.H. (male). Salary £500-£25-£700 p.a.

Salvation Army Mothers' Hospital, Lower Clapton Road, E.—J.R.M.O. (female). Salary £80 p.a.

Sheffield City.—J.A.M.O. (male) at Lodge Moor Infectious Diseases Hospital. Salary £200 p.a.

South London Hospital for Women, Clapham Common, S.W.—H.P. (female). Salary £100 p.a.

Southport General Infirmary.—H.P. (female, unmarried). Salary £150 p.a.

Southern Rhodesia Government.—Whole-time Medical Inspector of Schools. Salary £800-£50-£1,000 p.a.

Stafford: Staffordshire General Infirmary.—H.S. Salary £200 p.a.

Stockton-on-Tees: Stockton and Thornaby Hospital.—Two A.R.M.O.s (males, unmarried). Salaries £150 p.a. each.

Stoke-on-Trent City.—Deputy R.M.O. (male). Salary £600 p.a.

Sunderland Education Committee.—Assistant School M.O. Salary £500-£25-£700 p.a.

Sutton and Cheam Hospital.—J.R.M.O. (male). Salary £100 p.a.

Swansea County Borough.—A.M.O. (female). Salary £500-£25-£700 p.a.

Teddington: Lady Holles' School.—Medical Adviser (female).

Walsall General Hospital.—C.H.S. Salary £150 p.a.

Weir Hospital, Balham, S.W.—J.R.M.O. (male, unmarried). Salary £150 p.a.

West Ham County Borough.—Assistant School M.O. Salary £500-£25-£700 p.a.

West Riding of Yorkshire County Council.—(1) A.M.O. for Maternity and Child Welfare and School Medical Inspection. (2) (*a*) Medical Superintendent, (*b*) Senior R.A.M.O. and Deputy Medical Superintendent, and (*c*) R.A.M.O. at Scotton Banks Sanatorium. Salaries (1) £750-£50-£900 p.a., (2) (*a*) £900-£50-£1,000 p.a., (*b*) £450-£25-£550 p.a., (*c*) £350-£25-£450 p.a.

Westminster Hospital, S.W.—"Wander" Scholarship in Diseases of Children. Salary £250 p.a.

Weston-super-Mare Hospital.—H.S. Salary £150 p.a.

Wimbledon Hospital, Thurstan Road, S.W.—R.M.O. (male). Salary £150 p.a.

Winsley Sanatorium, near Bath.—Whole-time A.R.M.O. (male). Salary £250 p.a.

Woolwich and District War Memorial Hospital, Shooters Hill, S.E.—(1) R.M.O. Salary £175 p.a. (2) H.P. (male). (3) H.S. Salaries £100 p.a. each.

Worksop: Victoria Hospital.—Junior Resident (male). Salary £120 p.a.

Certifying Factory Surgeons.—The following vacant appointments are announced: Alnwick (Northumberland), Wisbech (Isle of Ely), Saxilby (Lincolnshire), Quorn (Leicestershire). Applications to the Chief Inspector of Factories, Home Office, Whitehall, S.W., by August 25th.

This list is compiled from our advertisement columns, where full particulars are given. To ensure notice in this column advertisements must be received not later than the first post on Tuesday mornings. Further unclassified vacancies will be found in the advertising pages.

APPOINTMENTS

Bailey, Hamilton, F.R.C.S., Honorary Surgeon, Italian Hospital, Queen Square, W.C.

Dinnick, O. T., M.B., F.R.C.S.Ed., Medical Referee under the Workmen's Compensation Act, 1925, for the Camelford, Holsworthy, and Launceston County Court Districts (Circuit No. 59).

MacKeith, S. A., M.R.C.S., L.R.C.P., D.P.M., Deputy Medical Superintendent, Warwickshire and Coventry Mental Hospital, Hatton.

Simons, John, M.R.C.S., Assistant Surgeon to Ear, Nose, and Throat Department, Kent and Sussex Hospital, Tunbridge Wells.

Certifying Factory Surgeons.—O. H. Blacklay, M.D., F.R.C.S. Ed., for the Nantwich District (Cheshire); D. F. Craig, M.B., Ch.B.Glas., for the Whithorn District (Wigtownshire); W. D. Gillespie, M.B., Ch.B.Glas., for the Dalbeattie District (Kirkcudbrightshire); F. G. Macnair, M.D.Ed., for the Marple District (Cheshire); R. I. Poston, M.D.Belf., for the Oldham, West, District (Lancashire); L. Smalley, M.B., B.S., for the Kenilworth District (Warwickshire).

St. George's Hospital, S.W.—*Obstetric Surgeon:* Harold Taylor, F.R.C.S. *Assistant Obstetric Surgeon:* C. M. Gwillim, M.D., F.R.C.S.

St. Pancras Metropolitan Borough.—*Assistant Medical Welfare Officers:* Audrey E. Russell, M.R.C.S., L.R.C.P., and Katherine Odling-Smee, M.B., Ch.B.

West London Hospital, Hammersmith, W.—*Honorary Assistant Anaesthetist:* Herbert Curtis, M.B., B.Chir. *Honorary Medical Registrar to Children's Department:* Harold Harley, B.M., B.Ch.

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

DEATH

Keay.—On August 7th, 1936, at his residence, 13, Melling Road, Southport, John Keay, L.R.C.P. and S.Ed., Captain R.A.M.C., aged 81 years.

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